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A

CLINICAL LECTURE

DELIVERED TO THE

STUDENTS OF SURGERY IN THE ROYAL INFIRMARY OF EDINBURGH,

AT THE

CONCLUSION OF THE WINTER COURSE FOR 1827-28.

Edinburgh, March 1828.

Printed for the Use of the Students.

REVIEW of some of the Surgical Cases which have lately occurred in the ROYAL INFIRMARY *of* EDINBURGH—*A Clinical Lecture delivered to the Students of Surgery in that Institution, on Thursday, 28th February* 1828, *by* GEORGE BALLINGALL, *M. D., F. R. S. E. Fellow of the Royal College of Surgeons, Surgeon Extraordinary to the King, Regius Professor of Military Surgery in the University of Edinburgh, and one of the Surgeons to the Royal Infirmary.*

GENTLEMEN,

IN proceeding to a retrospect of the course, with which I propose to occupy this concluding Lecture, I would, in the first place, solicit your attention to that class of accidents usually comprehended under the denomination of "injuries of the head," and of which you have seen a considerable number and variety during the present session.

These injuries admit of a subdivision into wounds of the scalp, concussions of the brain, and fractures of the skull, which latter it has become usual to distinguish, like other fractures, into simple and compound.

You are aware that the injuries of this class, even those involving the scalp alone, are not devoid of danger, "*nullum vulnus capitis contemnendum est,*" is a maxim to which, the more experience that you may acquire, the more readily you will subscribe.

Besides many cases of a less interesting nature, you had, in the person of *Alexander Chalmers*, aged 17, who was brought in from the coun-

try, on the 14th of January, and placed under my care, an example of extensive lacerated wounds of the scalp healing almost without a single bad symptom, although this patient had also sustained a wound near the external canthus of the left eye, a displacement of the bones of the nose, and a fracture of the left thigh bone.

Of concussion of the brain, accompanied also with a wound of the scalp, you had an excellent example in the case of *James Wylie*, aged 28, who was brought into the Hospital on the 9th of January, and placed under Dr. Hunter's care, having been found lying at the foot of a precipice in the neighbourhood, from which he was reported to have fallen in a state of intoxication. This patient, by the aid of bloodletting, both general and topical, in the first instance from the wound in the forehead, which was enlarged for the purpose of examining the bone, subsequently from the arm, and from the temporal artery, speedily recovered from the state of confusion, stupor, and insensibility in which he was admitted, and was discharged cured on the 28th of January.

The cases of fractures of the skull have, one and all of them, whether simple or compound, been of a very formidable description, and were, I believe, all considered desperate from the time of their admission, if I except the doubtful case of *Kate M'Kay*, an old woman who was under my care from the 19th of January to the 17th of February, with an injury of the head, and in whom there was some suspicion of a fracture through the mastoid process.

Of a simple fracture of the skull you had a remarkable instance in the case of *William Whyte*, who was admitted on the 8th of December, remarkable, however, rather as a deviation from the usual connexion between symptoms and morbid appearances, than as an illustration of the general progress and final symptoms of such an injury. This man, apparently about fifty years of age, was brought in by the police, having been found in an area into which he had fallen; he was evidently in some degree under the influence of spirits, of which he smelt strongly, but at the same time showed symptoms of a fatal injury at the base of the skull; hæmorrhage from the ears, continued delirium, and effusion under the posterior part of the scalp; the appearances altogether so unfavourable, that you may remember my having remarked at the visit that he was scarcely a subject of surgical practice.

He survived the accident for two days, his delirium continuing unabated so as to require the coercion of a strait-jacket until within a few hours of his death, and on dissection I find the following minute detail entered in the journal.

"On removing the scalp, blood was found extensively effused in the cellular substance above and below the occipito-frontalis, from the coronal suture backwards to the neck, the sheath of the left temporal muscle being also distended with blood. From the posterior and inferior angle of the left parietal bone one fracture extended upwards for two inches, and at its superior part the bone, particularly its internal table, was depressed. Another fracture nearly surrounded the superior occipital fossa of this side; a third passed through the petrous portion of the temporal bone, the greater and lesser alæ of the sphenoid, and in the posterior part of the ethmoid, united with nearly similar fractures of the opposite side. Between the skull and dura mater of the superior occipital fossa a large coagulum of from two to three ounces of blood was collected and adhered strongly to the membrane, the corresponding part of the brain being much flattened. Underneath the pia mater of the superior part of the right anterior and middle lobes, blood was extravasated in several places. The lower surface of the left middle lobe appeared to have been lacerated, and from this point a cavity containing about two ounces of blood, mixed with softened cerebral substance extended into the posterior lobe, the parietes of this cavity were pulpy, and of a reddish grey colour. The inferior surface of the opposite lobe had undergone a similar change but to a less degree. The membranes and substance of the brain were more than usually vascular, and there was some bloody serum in the ventricles."

In regard to extravasations of blood within the skull, it has been supposed, with some show of reason, that where this was very limited in quantity, it acted merely as a source of excitement, but when more extensive, it was attended with coma or symptoms of compression; the present case, however, will hardly countenance such an opinion, for here the effusion had greatly exceeded the point at which we would expect the symptoms of the one state to subside and those of the other to commence—the symptoms of irritation to merge into those of compression.

On the evening of the 16th instant, *William Murray* was admitted with a compound fracture of the skull, attended with very considerable depression of the bone. The patient was quite irrational, and very violent when any attempt was made to examine the wound in the forehead. This was enlarged in the course of the fracture, and a small portion of the bone which was completely detached from the contiguous parts was then removed, this gave room for the introduction of the levator, by which the remainder of the depressed portions lying transversely across the forehead were first elevated, and subsequently removed with a pair of tooth forceps, leaving an oblong aperture of about

two inches in length by three-fourths of an inch in its greatest breadth. A small portion of the brain also made its escape through the wound, although the breach in the dura mater was not perceived at the time of the operation.

This patient instantly recovered his senses, and answered questions rationally; he soon, however, lapsed into a state bordering on coma, was extremely averse to be disturbed, his pulse 126 and thready, his extremities cold, and his respiration tranquil until the morning of the 18th, when it suddenly became stertorous. You saw him at the usual hour of visit evidently moribund, and he sunk immediately afterwards, having survived the receipt of the injury not quite forty-eight hours.

On the same evening you saw the head opened in the theatre, the fracture was found extending backwards from the two extreme points of the opening through both orbitar plates of the frontal bone, and passing transversely across the ethmoid behind the crista galli. Opposite to the fissures in the roof of either orbit, the dura mater was found lacerated to a considerable extent, and portions of the brain protruding; its anterior lobes were found completely disorganised and broken down, and what was remarkable, a distinct appearance of purulent matter was seen upon the tunica arachnoides covering each hemisphere of the brain, although the patient had survived the accident for so short a time, had lost a very considerable quantity of blood from the wound, and had manifested no inflammatory symptoms.

The subject of treatment in injuries of the head, is one by far too extensive to be introduced with any advantage into a recapitulation of this kind; the removal of irritation or compression from the surface of the brain, and the prevention or cure of inflammatory symptoms are the leading and the most attainable objects of practice; and when the symptoms fortunately present obvious indications for the interference of art, we are often gratified to find that such interference is useful, witness, even in this very desperate case, the temporary restoration of the patient's faculties, by the removal of the depressed portion of bone.

The foregoing cases, however, I must again remark, are scarcely to be looked upon either in their symptoms or events, as falling within the usual routine of such accidents; the one is chiefly remarkable for the existence and continuance of outrageous delirium, and the absence of all apoplectic symptoms, notwithstanding the extensive effusion of blood upon the surface and into the substance of the brain; the other is remarkable for the rapid formation of matter on the surface of the brain, in a case where the nature and extent of the injury would have led us to

presume that inflammatory action would, for a time at least, have been suspended.

As young men, who have necessarily much to read and much to learn, it may be well to caution you here against the extremes into which surgeons have run in estimating the advantages of artificial interference in injuries of the head. "Look," says Mr. John Bell, "into the books of the ancients, and you would believe that every capillary fissure was attended with peculiar danger, and that without the most adventurous operations the patient could not live; name me," says he, "one absurd or cruel measure—the amputation of large pieces of the scalp—the widening of fissures—the perforating the cranium with many trepans—and opening the dura mater for every idle suspicion or imaginary purpose; name me, any extravagance for which their works do not afford us a precedent." "Turn again," says Mr. Bell, "to the works of more modern authors, and you would be persuaded that the more violent the fracture the less the danger; that your patient, though he lie in a deadly stupor with fractures of the skull, or deep wounds of the brain, needs but to lie undisturbed or unassisted to insure his perfect recovery."

Even in very recent times we find the most distinguished surgeons of the day inculcating practices almost diametrically opposite, Mr. Pott, in England, encouraging a use of the trepan almost unlimited, and Desault in France, latterly renouncing it *in toto*,—his practice apparently becoming enfeebled as his experience increased.

Nothing can possibly be more perplexing to students of surgery than such difference of sentiment between authors whose practical habits and extensive experience render it difficult to say which of the two is most worthy of your confidence. Nothing appears to me, Gentlemen, so injurious to the profession as sweeping and indiscriminate conclusions of this kind; when patients are represented as generally or uniformly doing well under opposite modes of treatment, the public will very shrewdly conjecture that they would do equally well without either.

Of the numerous cases of simple fracture amongst my patients which have fallen under your notice during the present course, one patient with fractured ribs, and two with fractures of the extremities, have been attacked with delirium tremens, to which the two last mentioned cases fell victims.

The first of these, *Mary Kidd*, aged 55, was admitted on the 2d of January, and her case entered in the Journal as follows: "The whole of the left upper extremity is ecchymosed and much swollen; there is a distinct crepitus near the upper end of the humerus, and during the ro-

tation of the bone the head remains motionless, the lower end of the bone is drawn in towards the chest, pulse 100 and feeble, belly costive, tongue furred. Injury was the consequence of a fall down some steps on Saturday last; the pain at the upper part of the limb has been constantly upon the increase."

On the 4th of January she was observed to be labouring under symptoms of delirium tremens; she had been constantly talking during the preceding night, and did not answer questions rationally; had much tremor of the hands; her pulse 90; skin cool, and tongue moist.

These symptoms continued with considerable variation, and with occasional intermissions, until about the 18th, when a considerable slough was observed on the sacrum and right buttock. This increased progressively notwithstanding the use of every means to protect the parts from pressure, and she expired on the 28th, having been treated during the progress of her complaint with large and repeated doses of opium, with wine, and with diluted spirits according to circumstances; of the former she took upon one occasion at the rate of 20 grs. in the 24 hours, and her symptoms were more than once apparently removed by this treatment.

The fractured portion of the bone was exhibited to you at a subsequent lecture, and the fracture was found, as it had been represented, to extend through the anatomical neck of the humerus, passing also obliquely downwards into the shaft of the bone. Although the parts appeared to have been in very accurate apposition, and to have had a supply of nutriment from the investing membrane, sufficient to preserve their own vitality, yet no step towards the reunion of the fracture had taken place.

On the 11th of January, *John Smile*, aged 44, was admitted with an inflamed ancle, stated to have been the result of a fall a few days before. The skin was of a dark red colour, very tense, with some incipient vesications, but with so little appearance of injury or displacement of the bone, that, in the hasty glance which I gave the case in the waiting room, I did not suspect the existence of a fracture. On more accurate examination, however, Doctor Lubbock discovered a crepitus on moving the joint; the limb was placed in a relaxed position, and leeches applied to subdue the inflammation; this was speedily effected, and every thing appeared to be going on well until the 22d, when the patient became affected with delirium tremens, and he expired on the 27th, manifesting latterly very much the appearance of a patient in the advanced stage of typhus fever, lying extended on his back, his pulse upwards of 100, his mouth gaping open, his tongue dry and blackened, and his teeth covered

with sordes; a portion of the fractured fibula was shown to you at the ensuing lecture, and here it was obvious that the restorative process had commenced; the fractured surfaces were found highly vascular, covered with soft downy granulations, and evidently in the progress towards reunion.

In reference to these two cases, I observed that a disease quite analogous to the one to which they fell a sacrifice, has recently been noticed by Dupuytren under the name of traumatic delirium, as incident to patients who have been the subjects of surgical operation; and of this I have myself seen some slighter instances, even when there was no tendency to habitual drunkenness. It is, however, to the writings of physicians rather than of surgeons that we are indebted for a knowledge of the nature and treatment of delirium tremens; and I recommended to your attentive study the papers of Sutton, of Pearson, of Armstrong, and of Blake, as containing the most important information which we possess upon this singular and dangerous disease.

The only other case of simple fracture to which I shall at present request your attention is that of *Alexander Ormiston*, a patient of Dr. Hunter's, who was admitted on the 27th of January with a fracture of the upper part of the thigh bone. This was stated to have happened in consequence of a fall from a plank about three feet from the ground, the patient having been seized with an epileptic fit while walking along it. On his admission the following report was entered in the journal. "Complains of pain and immobility of the left hip; the leg is fully two inches shorter than the right one; the knee is thrown inwards, and the great toe rests on the tarsus of the right foot; the trochanter major is considerably approximated to the anterior superior spinous process of the ilium. Powerful extension being made, a distinct crepitus is felt opposite the trochanter major, about three inches behind which a hard body is perceptible, which is not felt to move on rotation of the thigh. The limb can be moved a little in all directions without much pain. Three years ago he became lame of this leg from rheumatism."

A permanent extension was employed in this case by means of Boyer's splint, which, soon after its application, was found to have galled the patient severely in the angle between the scrotum and top of the thigh, and also across the metatarsal bones of the foot; in consequence of this the use of the splint was abandoned, and the limb necessarily left unconstrained; it then fell nearly into the position which the limb usually takes in fractures above the trochanter, shortened to the extent of full two inches, with the toes slightly everted.

On the 16th instant this patient was observed to be labouring under tetanic symptoms, his jaw stiff, the muscles of his neck spasmodically contracted; the recti muscles of the abdomen particularly rigid, and his right limb contracted both at the hip and knee joints. These symptoms yielded to the exhibition of opium, in the quantity of two grains every three hours, continued for some days; but in proportion as the spasms gave way, his strength continued to sink, and he died yesterday during the visit, an extensive slough having previously taken place on the sacrum, from pressure which it was impossible to obviate.

On examining the upper part of the thigh bone, which I have now the pleasure of showing to you, it appears that the fracture passed obliquely through the trochanter major, detaching a large portion of that process along with the head and neck of the bone. There is here a partial reunion of the detached parts; there is also an adventitious deposit of osseous matter on the posterior surface of the bone between the trochanters, and some ossific matter in the substance of the capsular ligament; these appearances perhaps partly the effects of previous disease. You will also observe an appearance of recent inflammation having existed within the cavity of the joint, a partial absorption of the cartilage covering the head of the bone, and of that lining the acetabulum.

This seems to me a case quite akin to those lately recorded by Mr. Guthrie and Mr. Syme, to which I took a recent occasion of calling your attention. The hard body felt, at the time of the patient's admission, behind the trochanter major, was obviously the detached portion of that process drawn backwards by the muscles, as explained in a recent paper of Mr. Stanley's in the Medico-Chirurgical Transactions of London. The only remaining point to be explained in regard to this case, the eversion of the toes which latterly occurred, was, in all probability, owing to the partial reunion which had taken place, in consequence of which the rotators outwards were again enabled to act upon the shaft of the bone, and to give the toes that eversion to which they have a natural bias.

Into the details of the cases of compound fracture I shall not at present enter, most of them have occurred within the last fortnight, and the circumstances of them are fresh in your recollection. You have seen within this period all the most formidable consequences of these unfortunate accidents, doubly unfortunate to those who become the objects of treatment in large hospitals; here their too frequent accompaniments are extensive and uncontrollable inflammation, profuse suppurations, rapid gangrene, delirium and death.

On the 3d of January *John Hume* was admitted with a dislocation of

the hip joint, the head of the femur lodging on the dorsum of the ilium. This luxation which was stated to have existed for three weeks, you saw me reduce by the aid of pulleys; but although the bone was restored to its place, the patient has not regained, and perhaps never will regain, the perfect use of the joint. He is now considered a fit subject for the work-house, to which he is about to be removed. This man stated himself to be only 50 years of age, but had the appearance of being much older; and from the continued pain which he complained of on moving the joint, I think it not improbable that the head and neck of the bone may be undergoing that slow inflammatory action leading to interstitial absorption, which you know is so incident to old people after injuries of the hip joint, which has, in many cases, produced appearances liable to be mistaken for bony reunion after fracture of the neck of the femur, and of which I showed you some interesting specimens from the private collections of Dr. Knox and of Mr. Benjamin Bell.

Another case of dislocation of the hip joint, into the foramen thyroideum, occurred in the person of *Mary Hunter*, admitted on the 20th of January last, but the steps for reducing this luxation you had not the advantage of witnessing, the patient having been brought in during the night, and the reduction having been immediately effected by Dr. Lubbock the house surgeon.

Three instances of strangulated hernia, (two of them in the same individual) and one instance of incarcerated hernia, have presented themselves during the present course; of the former, one was the subject of operation on the evening of the 15th of December.

This patient, *James Davidson*, about 45 years of age, was brought into the hospital with a hernial tumor in the left groin, stated to have been in a state of strangulation for the five preceding days, during which no evacuation from the bowels had taken place. The taxis, in conjunction with bleeding, and the tobacco injection, had been ineffectually employed previous to my reaching the hospital; and without any farther effort I proceeded to the operation. In consequence of the tender state, and near approach to gangrene in the protruded part of the bowel, I was induced to make the division of the stricture unusually free, so as to permit the gut to be returned without the risk of laceration; the patient's bowels were freely relieved during the course of the ensuing night; but his strength was greatly exhausted, and he sunk on the following morning, having survived the operation only about fourteen hours.

Although this operation was not attended with the happy result which I have generally experienced, yet it afforded a good illustration of two points in

reference to the treatment of this disease, which I am desirous of taking every opportunity to inculcate, the necessity of an early operation, and the safety of its performance. In this case, considering the patient's debilitated state, and the long existence of the strangulation, I was almost induced to regret that any auxiliary means had been attempted. The tobacco injection particularly is a measure, against the indiscriminate use of which I am disposed to caution you. I have seen so few instances of the success of this remedy, and so many examples of its apparently producing noxious effects on the system, that I am inclined to consider the operation a much less hazardous expedient than the tobacco injection in those cases of strangulated hernia, in which it is usually resorted to. You saw, from the preparation which was exhibited to you by Mr. Russell, that although, in the present case, the incision in the ring was nearly double the extent to which I have usually found it necessary to carry it, yet I ran no risk of wounding the epigastric artery; and this circumstance I am induced to notice, because I apprehend that where we are desirous to encourage the more frequent performance of an operation, we shall be most likely to attain our object, by showing that, if not always successful, it is at least generally safe.

Having now noticed some of the most remarkable of the accidents and acute cases which have occupied our attention for the last few months, I would next advert to a prominent feature in the present course—the number and variety of excrescences and tumors in different situations which have been removed by operation. But, previous to entering upon this subject, I must crave your indulgence for a moment while I notice, for the sake of those gentlemen who may be in possession of my last printed Lecture, the sequel of a case of this kind which occurred during the last summer course —I allude to that of Hugh Morison, who had a large sarcomatous tumor removed from his jaw in the mouth of July. Having occasion to be in the neighbourhood of this man's residence in Perthshire, in the month of September last, I took the opportunity of seeing him, and applied the actual cautery freely to a point on the coronoid process of the lower jaw, from which part of the tumor had formerly been removed, and from which there was again an appearance of its regeneration. On the 28th of November, I was favoured with the following interesting detail of the case from Mr. M'Pherson of Stanley, who has all along taken the most humane interest in this poor man.

" When in Stanley, you may perhaps recollect, that the anterior part of the cheek, with the exception of a small tumor which was then forming by the side of the nose, was the only place from which you apprehend-

ed mischief. That tumor I removed about eight days after, the wound cicatrized very kindly, but the cicatrix has at present an unhealthy aspect. The cheek soon afterwards became hard and unyielding, very unequal upon its surface, and the skin of a dusky red colour. A number of small ill-natured looking ulcers have since taken place upon the most prominent parts, discharging a thin fetid sanies, and a considerable chasm, with ragged retorted lips, a little above and exterior to the wound made by you for the removal of the tumor. The parotid gland then assumed a diseased action; I had early recourse to leeches and various discutient applications, which, however, had no effect in retarding the complaint. The gland has regularly and unabatingly attained a very considerable size, but at present is only the most elevated portion of a large tumor, bounded above by the lower edge of the parietal bone, anteriorly by the external canthus of the eye, and at its lower and posterior edge by the base and angle of the jaw. The tumor too is irregular, and knotted upon its surface, the skin covering it puckered, and of a dull leaden colour, the integuments over the nodules firmly attached to them, and of a glistening appearance, with numerous small vessels ramifying over them.

" His general health for the last two or three weeks has suffered materially; his flesh has become thin and flabby, his appetite bad, and his pulse small and frequent; but his fortitude has never for a moment forsaken him, and he yet entertains sanguine hopes of a speedy recovery."

By a subsequent letter from Mr. M'Pherson, in answer to one which I wrote him last week, I find that this poor man is still living, but that his appetite has completely failed; that he is harassed with diarrhœa, and cannot be expected to survive at the utmost above a few weeks; the appearance of the local affection is said to be truly appalling, nearly the whole surface of the tumor is in a state of active ulceration, with occasional discharges of blood from the ulcerated vessels. So that this case is not likely to differ in its result from several others of the same kind which I have seen.

Of the remarkable excrescences to which I have alluded, one occurred in the person of *James Craig*, who has been under your observation during the whole of the present course. It was seated on the outside of the left thigh, about midway between the trochanter and condyles of the femur, and in the cicatrix of an old and extensive burn. It originally appeared in the form of a small warty excrescence about thirteen years ago; was removed by excision, and again commenced growing last spring after an injury. From this time it extended progressively in all directions, until its base occupied an extent of three or four inches diameter, in an oval or nearly circular form; the centre of it presented a foul ragged ulceration, with a

fungating warty excrescence around the exterior margin; it afforded a fetid sanious discharge, and was attended with lancinating pains.

This diseased mass I removed on the 15th of October, along with a considerable part of the surrounding integument, a portion of the fascia, and of the subjacent muscular substance, as you saw in the preparation which I took occasion to exhibit to you, and which is now deposited in the Museum of the Royal College of Surgeons.

The wound left by this operation has been very slow in cicatrizing, as might naturally have been expected, in consequence of the previous state of the contiguous parts from the burn; it seems for some weeks back almost stationary, with a disposition to callosity around the edges, but upon the whole exhibits a tolerably florid and healthy appearance, and the patient has left the hospital, in hopes that the change may produce a more speedy cicatrization of the sore.

The character of this affection, Gentlemen, is somewhat anomalous, and may, I think, be very properly included under the denomination of what has been termed warty cancer; warty in its structure, and cancerous, I fear, in its disposition. I am induced to think so, from the disease having recurred in the same situation, after having been removed by Dr. Pitcairn about four years previous to the patient's admission into the hospital, and from the appearance of some enlarged glands in the groin, which seem to be of an intractable and malignant character.

Another excrescence of an anomalous character presented itself in the person of *Mary Goodfellow*, aged 16, who was admitted on the 6th of December, with the cuticle in various parts of the body presenting the appearance of old superficial cicatrices, apparently the result of some general cutaneous eruption; at the left commissure of the lips, at the anterior margin of the left axilla, and on the left forearm, immediately below the flexure of the elbow joint, were prominent warty excrescences; and in the angle between the right labium pudendi, and top of the corresponding thigh was another excrescence of the same character, nearly as large as a duck's egg, it was of a soft warty texture, its surface apparently consisting of numerous granular bodies, of a florid red colour; and was by many very aptly compared in its appearance to the roe of a salmon. The history given of the origin and progress of the complaint, by the patient and her mother, was exceedingly unsatisfactory, and in many respects altogether contradictory; on one occasion it was stated to have been growing from her infancy, and on another to have originated only a few months ago; by some it was considered as a form of framboesia or yaws, by others as a case of sibbens, and by others as a venereal affection; my own opinion, at first,

was rather in favour of the latter supposition, chiefly from an apparent desire on the part of the patient and her mother to conceal its true origin, and from its resembling in appearance, those cauliflower excrescences, frequently met with on the prepuce and glans of the male, as a sequela of venereal ulcers or abrasion; at all events, the disease was obviously of an extended and constitutional character, and hence, upon consultation with my colleagues, it was agreed to try the effects of constitutional treatment.

The girl was therefore put upon a course of mercurial pills, and a solution of corrosive sublimate, directed as a local application to the excrescence in the groin, the one in the axilla having been previously removed by a scalpel.

On the 13th of December, I find that her mouth had become sore from the mercury, and the following report entered in the journal:—"The swelling in the groin has much increased since her admission, a few of the largest of the small granular bodies composing the bulk of the tumor slough and fall off daily."

On the 16th "The disease" is reported to be "still upon the increase; the angle of the mouth, the place on the anterior edge of the axilla, from which the diseased skin was removed by the knife, and two spots on the forearm, to which caustic has been applied, present the same granulated structure only in a diminished state of activity."

On the 22d, the pills were ordered to be omitted in consequence of the soreness of her gums, and for some days about this period she suffered considerably from febrile irritation and restlessness, with much pain from the ulcerated and sloughing points of the excrescence.

On the 5th of January, when the febrile irritation had subsided and her system appeared free from the mercurial influence, I removed the tumor by excision, cutting out an oval portion of the integuments on which it was seated; upon dividing it longitudinally, and examining its structure, you saw that it involved the texture of the true skin, so that I had reason to be pleased at having removed the whole thickness of the integument, which some of my friends were, I believe, inclined to consider as an operation unnecessarily severe, thinking the disease confined entirely to the cuticle.

For a few days after the operation the patient suffered considerably from fever, her pulse being at one time as high as 134, but on the 8th, I find the following report entered, "wound is beginning to granulate and looks well, her pulse 82, her bowels open, her skin cool, and no thirst." From this time the wound continued to heal kindly, and is now cicatrized;

she has suffered considerable pain latterly from an accession of inflammation in the ski of the axilla and of the forearm, but upon the whole has improved in her health, appetite, and appearance, since the operation; and as I no longer consider her an object of surgical treatment, she only remains in the hospital until her friends can make it convenient to get her conveyed to her home in Dumfriesshire.

On the 11th of January *Elizabeth Hay* was admitted for the purpose of having a tumor removed from the scalp, which is thus described in the journal:—"Over the vertex of the head and attached by a broad base, is a large firm tumor rather greater than a clenched fist. It is moveable on the skull, and in some parts has burst, discharging a thick yellow matter; around the places where it has burst, it is of a soft consistence, towards the base it feels harder. All over the body are small soft tumors, generally attached by soft pedicles, and from the size of a pea to that of a walnut.

"States that her skin has been, from her infancy, covered with these tumors, which gave her no inconvenience till within the last three years, when the one on the vertex became painful, swelled, and attained its present size. Three weeks ago it burst, and has since continued to discharge pus. General health good, bowels regular."

This tumor was removed by Dr. Hunter, and on investigating its structure, you saw that whatever might have been its original nature, whether akin to the other tumors with which this patient's body was studded over, or not, it had, previous to its removal, assumed a carcinomatous character; you saw at some points the appearance of fibrous bands passing through it in different directions, with matter of a dirty yellowish colour, and atheromatous consistence occupying the interstices between them; at other points the texture of the tumor was completely broken down and it discharged a most offensive ichorous matter, in so much as to be loathsome to the poor woman, who earnestly entreated its removal.

In doing so, it was found that the tendon of the occipito-frontalis muscle was involved in the structure of the tumor and the pericranium was left bare after the operation. The sore healed kindly and the patient was dismissed cured on the 20th of February.

The other tumors on this woman's body were in no respect the objects of surgical practice, they constituted the very rare disease, termed Molluscum Pendulum by Dr. Bateman, and thus accurately defined by Dr. Hawley, "*Tubercula plurima, variæ magnitudinis, doloris vacua, passu tardissimo increscere solita, humore viscido, qualis atheromati inest, distenta: citra inflammationem et exulcerationem aut pyrexiam.*"

I now proceed, Gentlemen, to notice those cases of tumors within the orbit of the eye, of which the present season has furnished us with some remarkable examples.

On the 12th of November, *James M'Intosh* was admitted with a soft moveable tumor impacted between the roof of the orbit and globe of the right eye, the superior eyelid was protruded outwards and considerably inflamed, as well as the conjunctiva covering the surface of the tumor; the ball of the eye was depressed by the swelling towards the cheek. The structure of the eye, however, appeared perfectly sound, and the vision unimpaired, except in so far as it was partially obstructed by the projection of the tumor, which obliged the patient to throw back his head, and to elevate his face in attempting to see objects placed before him. He was, so far as I recollect, unconscious of any accident to which this complaint could be attributed, assigning its origin to exposure to cold in the month of January preceding. This patient was in the hospital in the month of July last, at which time the tumor was not above a fourth part of its present size, and occupied nearly the site of the lachrymal gland; he was urged to have it removed, but would not consent, although told that he would in all probability return with it at a future period, when the operation would be more difficult both for him and for me.

This accordingly happened, and he was now solicitous for its removal, which I began by dividing the superior palpebra upwards and outwards from the external canthus of the eye, and after dissecting it off from the surface of the swelling, the tumor was with much difficulty separated from the contiguous parts; a pedicle or neck, by which it was found adherent to the very bottom of the orbit, was then cut across with a pair of probe pointed scissars, and some small portions of it afterwards removed.

This was followed, in the first instance, by a very moderate degree of swelling and inflammation, much less, indeed, than was to be anticipated. For nearly a week the case had a very favourable aspect, but at the end of this time the forehead and upper part of the face became involved in a violent erysipelatous inflammation, which gradually extended over the whole head, accompanied with delirium, his pulse at one time rising as high as 150. It was observed, soon after the operation, that his breath was imbued with the mercurial fœtor, which he attributed to some medicines taken before his admission. The urgent symptoms were somewhat alleviated by bleeding, both general and topical, by the internal exhibition of antimonials and saline purgatives, the application of a blister to the nape of the neck, with the use of an anodyne fomentation to the inflamed parts.

On the 22d, he was found to have sunk so low, that I did not expect him to live through the ensuing night; his pulse 120, his breathing laborious, and his extremities cold, with low muttering typhoid delirium. From this state he again rallied under the use of brandy and water, beef tea, and the application of a second blister to the nape of the neck. A copious discharge of unhealthy matter had for some days been going on from the affected eye, the cornea of which now ulcerated, and on the morning of the 27th, the crystalline lens was discharged through the aperture. His delirium continued with occasional intermissions, during which he asked for and devoured food with a ravenous appetite. His pulse continued frequent and weak, his breath fetid and offensive, and his general appearance resembling that of a patient in the advanced stages of typhus. The cuticle separated in crusts from those parts of the head and face in which the inflammation had been seated; rigors and diarrhœa latterly supervened; and he expired on the evening of the 28th.

I regretted much that permission could not be obtained to examine the body, and the utmost we could effect was to make a hasty examination of the head and the parts concerned in the operation, which were exhibited to you at a subsequent lecture. A portion of the principal tumor was found still adherent to the sheath of the optic nerve, and several small melanotic tubercles imbedded in the fatty matter surrounding the muscles of the eye. Some serous effusion had taken place both on the surface and into the ventricles of the brain.

In the treatment of this case I have no hesitation in saying, that if I had been fully aware of the nature of the disease, and of the deep attachment of the tumor, I should have proceeded at once to extirpate the whole contents of the orbit; but having succeeded in removing the bulk of the tumor with safety to the eyeball, I felt reluctant to change my plan of operation. The inflammation immediately succeeding to the removal of the tumor was, as I have already noticed, much less than was to have been expected from so severe an operation, but when the symptoms of erysipelas supervened, it was obvious that the case became one of a very perplexing and hazardous description.

The patient's system being surcharged with mercury, we were debarred from the use of mercurial purgatives, which are often so beneficial in erysipelatous inflammation; and this man had been remarked, even when in the hospital in July last, to have something of that sallow cachectic look often attendant upon internal organic disease, and which rendered him, in my estimation, an unfit subject for profuse or extensive evacuations of blood.

I now proceed to notice a similar case in a patient of Dr. Hunter's, still

under your observation. This lad, *Colin Wilson*, aged 17, was admitted on the 28th of January, and the following particulars of his case entered in the journal.

" The left eye is almost protruded from and is pushed close to the roof of the orbit; the conjunctiva palpebræ inferioris is everted, and the two eyelids cannot be brought into contact. Under the inferior palpebra the skin is of a dusky yellow hue. Under the eye, and apparently occupying the whole of the floor of the orbit, may be felt a tumor of a soft fleshy consistence, yielding to the fingers, but not moveable. The eye is quite moveable in all directions upon the tumor; the sight is a little impaired in this eye, but he can read large print with it. Has no headach, nor pain of eye, but a sense of tension; has frequent watering of the eye, but the passage for the tears seems quite natural and unobstructed.

" Eight months ago received a blow on the eye, from which he suffered considerable pain; three weeks afterwards he became sensible of swelling in the orbit, which has since gradually increased, and that more rapidly of late. Leeches, blisters, and saturnine lotions have been used. A puncture was twice made with a lancet under the eyelid, from which about half an ounce of blood flowed at each time. None of these means, however, were of any advantage. Health is good. Bowels regular."

This tumor was removed by Dr. Hunter on the 31st of last month, without injury to the ball of the eye; it was found to be of the same general character as M'Intosh's, but much softer in consistence, some portions of it quite liquid, resembling thick tar.

The swelling and symptomatic fever immediately succeeding the operation were very moderate, but at the end of about a week it was observed that the cornea was ulcerating, and this went on, notwithstanding the local application of the nitrate of silver and vinum opii, until it ended in a small protrusion of the iris, which still exists.

About the middle of the present month, this patient had a severe and obstinate attack of erysipelas, affecting the parts contiguous to the eye. This ultimately gave way to repeated bleedings ad deliquium, the internal exhibition of antimonials and saline purgatives, with the local use of anodyne fomentations.

With reference to those two cases I pointed out to you from the works of Acrel, of St. Ives, of Warner, and of others, several instances of tumors of different kinds which had been removed from the orbit: and I noticed one of a bony character which was removed by Mr. Lucas of Stirling, and which I recollect to have seen here many years ago in the possession of Dr. Duncan, jun.; but I am not acquainted with the results of opera-

tions performed for the removal of tumors similar in character to those removed from the orbits of M'Intosh and of Wilson, if I except the case published by Mr. Fawdington, in which the whole eyeball was involved. Nothing which I know of the history of these melanotic tumors entitles me to consider them as of the malignant character of fungus hæmatodes, or cancer. You will see it stated in an excellent paper on this subject by Messrs. Cullen and Carsewell, in the first volume of the Medico-Chirurgical Transactions of Edinburgh, that " both the last mentioned diseases begin in one definite point, gradually extend their ravages in every direction, convert all the tissues in their vicinity, by a kind of assimilative process, into their own matter, and finally, at the end of a shorter or longer period, prove universally fatal, either by extensive sloughing, profuse hæmorrhage, great constitutional irritation, or by a combination of all these. In their course they are generally attended with severe lancinating pains, peculiarly agonizing, and with great increase of vascular action, both arterial and venous. Now it is worthy of notice, that in the several well marked cases that have fallen under our observation, none of these phenomena were seen. The matter of melanosis was constantly found in a regular cyst, a feature which completely distinguishes it from the other malignant degenerations."

On the 29th of January *Robert Amos* was admitted with a formidable looking tumor protruding from the orbit, of which you will find the following description inserted in the journal.

" A soft elastic tumor, slightly moveable, about the size of an orange, projects from the right orbit; superiorly, the finger may be readily insinuated between it and the skin of the eyebrow, but inferiorly, internally and externally it encroaches much on the skin of the surrounding parts; the skin of the palpebræ and the conjunctiva, which cover the greatest part of its surface, are (particularly the former) of a dark colour, and the veins of these membranes are much enlarged and very tortuous; in the centre of the tumor there is a sloughy bleeding fungus, slightly elevated above the remainder of the swelling, and through this the probe may be passed backwards for about two inches and a half; the passage of the probe is attended by some thick dark-coloured fetid discharge. On the right and left temple, and under the skin of the under and upper lip, there are smaller tumors of a similar character, but much firmer in consistence. Ten years ago the eye was injured by a blow, two years afterwards the sight was completely lost, and in six years more lancinating pain began, and was succeeded by the swelling, which has continued to increase for the last twenty-two months."

The whole of this diseased mass you saw me remove a few days after his admission, and the bony margin of the orbit, near the external canthus of the eye, being found affected by the disease, a portion of it was scraped off with a strong scalpel; the cavity was afterwards filled with dry lint, which readily suppressed the hæmorrhage.

This man's symptoms, subsequent to the operation, were extremely mild; the cavity suppurated kindly, and its surface soon became covered with healthy, perhaps rather pale-coloured, granulations. About ten days after the operation he had, like the other cases of operation within the orbit, a smart attack of erysipelas, which disappeared in a few days under the employment of bloodletting and purgatives. The man's general health continues apparently unimpaired, and the interior surface of the orbit presents a smooth, healthy looking surface, the discharge from which is daily diminishing.

On examining the preparation of this man's eye, which was exhibited to you immediately after its removal, you would observe the texture of the tumor so completely broken down as to render it difficult to speak with certainty as to its original nature. I am, however, disposed to consider it as an example of the fungus hæmatodes, a disease, upon the malignant nature of which I need not dwell. This tumor began, as far as could be ascertained, in the globe of the eye; it presented the soft elastic feel characteristic of fungus hæmatodes, it was attended with lancinating pains, and was subject to occasional bleedings. The principal, and perhaps the only argument, against this opinion as to its nature, is the existence of other tumors in the neighbourhood, evidently of a melanotic appearance; a circumstance which, I admit, goes to support the identity of the two affections.

You had an opportunity of contrasting the appearance of this with those of the two preceding cases, in which the tumors were seated altogether exterior to the eye-ball. You had also the opportunity of contrasting it with a case of cancer of the eye, occurring in *John Mitchell*, aged 62, a patient of Dr. Hunter's, who was operated upon in the early part of the season, and who, like my patient M'Intosh, fell a victim to an aggravated attack of erysipelas.

When speaking of the case of Amos, I had an opportunity of showing to you, through the kindness of my colleague Mr. Wishart, the preparation taken from the eye of a boy, whose case is narrated in the 19th Volume of the Edinburgh Medical Journal, and which is, I believe, the most unequivocal case upon record of the successful performance of an operation for the removal of fungus hæmatodes of the eye.

The difference between fungus hæmatodes and cancer I endeavoured to point out to you by some excellent drawings, with which I was favoured by Mr Watson. You would observe that, in all cases, the fungus hæmatodes has been represented as originating within the globe of the eye, while cancer has generally, if not always, commenced in the contiguous parts.

Nothing, Gentlemen, can well be more discouraging than the statements we possess of operations undertaken for the removal of fungus hæmatodes. The cases of medullary sarcoma detailed by Mr. Abernethy, the cases of spongoid inflammation detailed by Mr. Burns of Glasgow, and the cases of fungus hæmatodes detailed by Mr. Hey of Leeds, which are all held to be the same affection, have presented results equally unfortunate. Amongst Mr. Hey's cases particularly, you will find some in which the disease, when seated in the extremities, (the most favourable situation for its perfect removal,) returned after repeated amputations. Mr. Wardrop's statements of the issue of operations for this disease, when seated in the eye-ball, is, if possible, still more discouraging, so that you cannot be surprised at the unfavourable prognosis which I gave you in the present case; it is proper, however, to observe, that my own experience, in the treatment of this disease, did not, I think, warrant me in declining an operation in the circumstances in which Amos presented himself; coming from a distance for the express purpose of having it removed, willing, at all hazards, to submit to an operation, his disease obviously the result of an accident, and from a want of observation on its earlier stages, uncertain in its nature. Of the limited number of cases of fungus hæmatodes which I have hitherto seen, I have reason to think that in one case where the disease was seated in the mamma, and in another where it was seated in the arm, cures were obtained; it will be fortunate for this individual if I am enabled to add his case to the number.

I shall now proceed to give you the outlines of a case which has been long under your observation, and which has very properly attracted much of your attention. I allude to that of *James Thomson*, aged 39, a chimney sweeper, who was admitted on the 10th of September, and was soon afterwards operated upon by Dr. Cullen, for the removal of some carcinomatous glands from the groin, seated close upon the great femoral vessels.

The sore left by the operation assumed at first a very promising aspect, continued to granulate kindly, and was very much reduced in extent, when at the distance of a fortnight from the operation, (I speak from recollection, the journal containing the first part of the case having disappeared,) the central part of the ulcer assumed a sloughy or rather phagedenic appearance, and speedily became excavated to a considerable

depth; in this state it continued nearly stationary for some weeks, and then began again to extend from the centre outwards in every direction, the newly formed granulations giving way rapidly to the ulcerative process. This was attended with severe lancinating pains through the sore, with œdema of the limb, and much constitutional disturbance; these symptoms were treated by the exhibition of laxatives and opiates, with the local application of the cicuta poultice, and latterly the arsenical solution. Towards the middle of December, some slight discharges of blood, apparently arterial, took place from the wound.

On the morning of the 18th, this bleeding was reported to me as being rather of an alarming nature; it recurred again in the course of that day, immediately after I had left the hospital, but was readily suppressed by the application of dry lint with pressure. On the afternoon of the same day, intimation was sent to me that a third bleeding, to the extent of several ounces, had taken place from this man's groin; pressure was ordered to be kept up by the hands of one of the dressers, and a consultation assembled at half-past seven. The hæmorrhage, from what I had seen of it, I considered of an arterial character, but not from any breach in the femoral artery, although close upon the course of that vessel; in the state of the ulcer any attempt to search for and secure the bleeding artery would have been altogether futile, and even if tied, there would have been no permanent security, no complete closure, in a vessel coming off so immediately from the main trunk. Under these circumstances, it was considered unsafe to trust the patient during the ensuing night without the ligature of the external iliac; and this operation I immediately proceeded to perform, making an incision of between three and four inches long from near the abdominal ring to the anterior and superior spinous process of the ilium. This incision was, in consequence of the encroachment of the ulcer on the lower margin of the external oblique, made nearly in a straight line instead of the semilunar form usually recommended; after dividing some thickened and indurated cellular membrane, the tendon of the external oblique was exposed, and this having been divided along with the internal oblique and transversalis, the artery was readily found pulsating in the bottom of the wound with some enlarged lymphatic glands lying over and contiguous to it; in separating them, a vessel of considerable magnitude was ruptured, from which a smart bleeding took place; the trunk of the external iliac was then seized above the bleeding point between the forefinger and thumb of the left hand, and the aneurism needle passed under it with the right,

the knot being tied, one end of the ligature was cut off, and the wound dressed with adhesive strap.

On the following morning the patient, after a restless night, was found complaining of tenderness over the surface of the abdomen, increased upon pressure, his pulse 116; his bowels confined, his skin hot, and thirst urgent. The limb had for some hours after the operation felt cold and benumbed, but was now nearly of the natural temperature; no pulsation being perceptible in any part of it.

Leeches were ordered to the surface of the abdomen; the patient's bowels were directed to be relieved by an injection; the limb to be kept enveloped in warm flannel, and an opiate to be again exhibited at bedtime.

In a few days, the abdominal pain and tenderness had completely subsided under the use of mild laxatives and fomentations; the patient's general health and spirits continued tolerably good, with the exception of some slight rigors and tendency to sweating; his pulse, for ten days subsequent to the operation, ranging from 90 to 110; and on the eleventh day the ligature separated; at which time a considerable portion of the wound made in the operation had united, and the œdema of the affected limb was considerably diminished, but it was still subject to a considerable degree of numbness, and no pulsation to be felt in any part of it.

On the 30th of January, the wound made in the operation for the ligature of the artery was almost completely cicatrized, and the patient requested leave to get up, to which I consented; and while putting on his clothes hæmorrhage occurred from the wound, but ceased on the application of dry lint; at 4 o'clock of the same day the bleeding recurred, and was checked by a piece of sponge.

On the 31st, two slight bleedings occurred previous to the visit, and about one o'clock of that day a hæmorrhage took place, by which the patient lost in all upwards of two pounds of blood, apparently from a branch of the obturator artery, the ulceration having latterly extended down towards the foramen thyroideum. After this attack, the patient had nausea and vomiting, his pulse becoming extremely weak and fluttering. This bleeding was suppressed by thrusting down a piece of dry sponge into the bottom of the ulcer, and confining it by pressure with the hand.

At three o'clock, the patient was still so weak as not to admit of any other step being taken; a consultation was held the same evening after the clinical lecture, when it was decided that in a case so unfavourable there was no encouragement and no sufficient reason to undertake any farther operation, particularly as the hæmorrhage was for the time completely

commanded by the sponge, and, if from the obturator, it was thought not improbable that it might be permanently restrained by pressure.

The patient slept well on the following night after an anodyne draught, and continued to improve in strength until the 10th instant, when the sponge was removed, pressure having been kept up during the whole of this time, and the patient assiduously watched by a succession of dressers, to whom I am much indebted for their attention to this case. The sore, although now greatly enlarged in extent, was found to have a healthy aspect, insomuch that some of my friends were disposed to think that a cure might ultimately be effected. I had, however, seen too much of the malignant disposition of this ulcer to be for a moment deceived, and was not at all surprised in a few days to find the ulcerative process again going on in its centre, the granulations assuming an ash-coloured œdematous appearance, and the cavity enlarging at every subsequent dressing, while at the same time the granulations round the margin of the ulcer retain, as you see, a florid and healthy appearance.

In speaking of the ligature of the external iliac, with reference to Thomson's case, I took occasion to bring to your notice a very interesting case recorded in the 26th volume of the Edinburgh Medical Journal, by Mr. Tait of Paisley, in which both external iliacs were tied in succession, and I also mentioned two cases in which the common iliac had been tied without any failure of the circulation in the limb. Since that I have seen the details of a third case, in which the common iliac was tied with success for the cure of an aneurism by a distinguished American surgeon, Dr. Mott.

Looking, Gentlemen, to the ligature of these vessels, I cannot help considering it as one of the most pertinent illustrations of the rapid progress of surgery in modern times. When I was a student, the profession was ringing with the applause of Mr. Abernethy for having first boldly attempted, and, after more than one failure, finally accomplished the successful ligature of the external iliac artery. We have now lived to see, in the revolution of a few years, this operation becoming familiar to the surgeons of every county hospital in England; and we have lived to see a surgeon in a provincial town of Scotland, curing his patient of an aneurism in each groin, by first tying up one external iliac and then the other.

I have now, Gentlemen, given you a brief sketch of some of the more interesting and instructive cases which have engaged your attention during the last few months. In making out this sketch, I have borne in mind the following sentiment, that "He who neglects to record what he imperfectly knows, in the hope that he will one day know it better, and who waits for

the fulness of information, will find too late that he has forfeited advantages for which no accuracy of knowledge can compensate; that he is attempting to describe with blunted feelings that which owes its all to the very imperfection of his knowledge."

The increased number of pupils attending the Clinical Surgery during the present winter, is a circumstance which I cannot pass without notice, gratifying as it has been to my respected colleague as well as to myself, and calling for our best efforts in the discharge of the duties entrusted to us.

We have endeavoured upon this, as upon former occasions, to make the subjects of our observations as varied as the nature of the cases would admit, so as to give you our views upon the treatment of a considerable number of the more important surgical diseases. We have been anxious, during the present course, to avail ourselves of the facility of access which we have to the museum of the Royal College of Surgeons, and, although this has only now been done for the first time, and to a limited extent, I am authorised to say, on behalf of the Professor of Clinical Surgery, that if the pupils of this class shall in future see, as he does, the advantages which may be derived from frequent visits to that valuable collection, so rich in specimens illustrative of surgical pathology, he will have great pleasure in forwarding their views, and devoting more time to the illustration of the subjects on which he may be engaged, by demonstrating to his pupils the preparations in that museum; and so long as I may have the honour of being associated with him in the duties of this chair, it will give me much pleasure to second his wishes.

Although I am not yet prepared to lay before you, at the conclusion of this course, a retrospective view of the whole of the surgical cases which have been under your observation during its progress, I have now the pleasure of submitting to you the following return of all the cases which have been under my own immediate charge in the hospital during the last four months.

This return is made out from an accurate register kept by my apprentice Mr. Bruce, specifying the name, age, disease, date of admission, discharge or death of every patient placed under my care, with the number and page of the journal in which the case is recorded.

Such returns as this (and they may easily be made to embrace other important particulars) enable us at once to see the results of our practice; and to those who witness it, and who study it with an earnest desire to improve upon it, form documents of more importance than volumes of idle, uninteresting, or partial detail. I am far from undervaluing the im-

portance of individual cases, particularly when recorded in the candid and unaffected language of a Pott or a Hey, but a large majority of the cases with which we are usually furnished by those concerned in their treatment, exhibit only the bright side of the picture, and hence become unsafe guides for regulating our future practice. It is not, I apprehend, in the occasional detail of an isolated case, whether published on the one hand as a puff, or on the other as a satire, that the improvement of our profession is to be sought, but in the calm contemplation of general results upon an extended scale, tracing, if possible, the causes of our failure and success with a hand equally impartial, giving to adventitious circumstances all the weight to which they may be fairly entitled, and showing no overweening partiality to measures which are purely our own. Give us a statement of the number and description of patients admitted, with any given accident or disease, give us a statement of the results, and let us know what is the general mode of treatment adopted, and we shall then be in a situation to compare the success of one hospital with that of another, and to judge how much of this success may be due to the superiority of accommodation or advantageous circumstances in which the patients are placed, and how much may be fairly attributed to the superior attention, skill, or dexterity of the medical attendants. However mortifying the confession may be to our professional pride, I fear that more will be found to belong to the former, and less to the latter, than many of us probably suspect; and I say this, certainly not with any view of countenancing or encouraging negligence or inattention to operations or remedial measures, but from a conviction that, in the present advanced state of surgical science, and the rapidity with which every improvement is disseminated, hospitals will be found to differ less widely in the practice of their medical attendants, than in extraneous circumstances over which these attendants have no control. My opinions upon this subject have not been taken up hastily; I speak from more than twenty years habitual attention to every thing connected with the situation, the construction, and internal arrangements of hospitals, which can possibly affect the health of their inmates; an attention for which I take to myself no sort of credit, because it is rendered compulsory by the wise regulations of the service in which I passed my earlier years.

My views, Gentlemen, in regard to hospital establishments, and the national advantages to which they may be turned, are, I fear, only capable of being fully realized by national interference.

In this country these institutions have almost exclusively been supported—and most honourably so—by private benevolence. But were the go-

vernment to lend its aid, by contributing to every hospital of a given magnitude, particularly those connected with large schools of medicine, so as to entitle it to take a share in their management, and to call upon the medical officers for accurate returns and reports at stated periods, we should more speedily come to the knowledge of all that is beneficial to the patients, instructive to the profession, or advantageous to the community ; and, as a professional man, I may be allowed to think, that in such an undertaking as this the public money would be well bestowed. At present, however, we must trust solely to the enlightened views of hospital surgeons for that species of information at which I point ; and I think myself entitled to say, that in so far as the surgical department of this hospital is concerned, there has been no indisposition to give it. The limited period to which I have now to look forward as one of the attending surgeons of the house, forbids me to hope that in my time the object which I have so much at heart will be realized ; but if at any future period I shall have the gratification of seeing periodical returns regularly called for, and rendered an imperative part of the surgeon's duty, it will be a pleasing reflection to think that I have given it even this imperfect beginning.

GENERAL RETURN of Surgical Cases treated by DR. BALLINGALL *in the* ROYAL INFIRMARY OF EDINBURGH, *from the 1st of November* 1827, *to the 29th of February* 1828.

DISEASES.	Remained 1st November.	Admitted.	Total under Treatment.	Dismissed.					Died.	Remain.
				Cured.	Relieved.	Convalescent.	Without Relief.	By Desire.		
Abscess		9	9	6	1				1	1
—— Lumbar	1	2	3		1		2			
Amaurosis		1	1		1					
Burn and scald	1	13	14	9					2	3
Carbuncle		1	1	1						
Carcinoma	2		2		1					1
Caries		1	1					1		
Chilblain		1	1							1
Contusion, and sprain	1	12	13	10						3
Diseased joints, including one case of diseased spine	1	5	6	2						4
—— testicle		1	1							1
Dislocation of the hip joint		2	2	1						1
Erysipelas; exclusive of attacks after operation	3	4	7	6						1
Fistula: three in ano, two in perinæo	3	2	5	2	2					1
Fracture, simple; three cases accompanied with delirium tremens	3	18	21	16					2	3
—— compound		2	2	1					1	
Fungus hæmatodes		1	1							1
Hernia humoralis		2	2	1						1
—— strangulated		3	3	2					1	
Injury of the head		4	4	2					2	
Melanosis: (died of erysipelas subsequent to operation)		1	1						1	
Necrosis		1	1		1					
Ophthalmia, including two cases of iritis	1	6	7	6						1
Prolapsus ani		1	1		1					
Retention of urine		2	2	2						
Scrophulous and glandular swellings		3	3	2						1
Staphyloma		1	1	1						
Stricture of the urethra		3	3	2						1
Tumors and excrescences, of an anomalous character	2	1	3	1		1				1
Ulcer	11	18	29	22	2				1	4
Whitloe		2	2	1						1
Wound		12	12	9						3
Total,	29	135	164	105	10	1	2	1	11	34

GENERAL RETURN of Surgical Cases treated by Drs. Bellingeri in the Royal Infirmary or Hospital, from the 1st of November 1827, to the 29th of February 1828.

DISEASES.	Remaining in Hospital, 1st November 1827.	Admitted.	Total.	Discharged.	Died.	Remaining in Hospital, 29th February 1828.	Operations performed.	Remarks.
Abscess		9	9	6	1			1
——— Lunular	1	2	3			2		1
Aneurism		1	1			1		
Burn and scald	1	13	14	9				3
Carbuncle		1	1	1				
Carcinoma	2		2			1		1
Caries		1	1					
Chilblain		1	1					1
Cutaneous and spinal	1	12	13	10				3
Diseased joints, including one case of diseased spine	1	6	7	2				4
——— testicle		1	1					1
Dislocation of the hip joint		2	2	1				1
Erysipelas; exclusive of attacks after operation	3	4	7	6				1
Fistula: three in ano, two in pudendo	8	2	5	2	2			1
Fracture, simple; three cases accompanied with delirium tremens	3	18	21	16				2 3
——— compound		2	2	1				1
Fungus hæmatodes		1	1					1
Hernia humoralis		2	2	1				1
——— strangulated		3	3					1
Injury of the head		4	4	2				2
Melanosis; (died of erysipelas subsequent to operation)	1		1					1
Necrosis		1	1					
Ophthalmia, including two cases of iritis	1	8	9	6				1
Prolapsus ani		1	1		1			
Retention of urine		2	2	2				
Scrophulous and glandular swellings		3	3	2				1
Staphyloma		1	1	1				
Stricture of the urethra		3	3	2				1
Tumors and excrescences, of an anomalous character	2	1	3	1		1		1
Ulcer	11	18	29	22	2			1 4
Whitlow		2	2	1				1
Wound		12	12	9				3
Total	29	139	168	105	10	1	2	1 11 38